STATE OF CALIFORNIA — HEALTH AND HUMAN SERVICES AGENCY
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ADDITIONAL CHILD RECORDS REVIEW FOR SPECIALIZED FOSTER CARE HOMES

## INSTRUCTIONS:

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING

When reviewing child's records in a facility, enter a  $\checkmark$ , X, N/A, S or complete the space with other appropriate response.

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Any item shown as "X", OR "NO" shall be documented on the Licensing Report (LIC 809) with a plan of correction date. File this form in the facility file.

	a plan of correction date. File this form in the facility file.								
FACILITY NAME			LICENSE REPORT (LIC 809) DATE						
FACILITY NUMBE	3	TYPE OF VISIT							
	ALL FAC			FACILITIES WITH MORE THAN 2 CHILDREN					
REFERENCE NUMBER *	CHILD'S NAME	SHCNC	SHCNC HAS AN INDIVIDUALIZED HEALTHCARE PLAN	CERTIFICATION FOR EACH CHILD: NEEDS CAN BE MET **	CERTIFICATION NO OTHER PLACEMENT AVAILABLE	TEAM WAIVER FOR EACH SHCNC			
	1st Child accepted						AT LEAST ONE REGIONAL CENTER		
	2nd Child accepted						PLACEMENT IN SMALL FAMILY HOME WITH OVER 3 CHILDREN		
							YES NO		
COMMENTS									
LICENSING EVAL	JATOR SIGNATURE				DATE				

<sup>\*</sup> REFERENCE NUMBER CORRESPONDS TO NUMBER USED TO IDENTIFY CLIENT/RESIDENT ON THE FIELD VISIT REPORT

<sup>\*\*</sup> NEEDS AND SERVICES PLAN STATE THAT NEEDS OF CHILD CAN BE MET BY THE FACILITY. LIC 858A (7/00)